

Oncology Care Model Measure Specifications

OCM-5 CMS 2v11.0 Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Note: This version of the OCM-5 Measure Specifications is to be used for reporting for the measurement period beginning 01/01/2022 and future measurement periods. If an updated version of this document is released, this version will be used for reporting until the effective date of the new version.

SUMMARY OF CHANGES FROM CMS 2v11.0 SPECIFICATIONS

- Age is based on the patient's age on the date of the encounter.
- Screening for depression is to be completed during the measurement period.
- Removed adolescent criteria and increased patient age to 18 years and older.
- Removed perinatal depression screening tools and reference.
- Updated codes used for the qualifying provider encounter (see "OCM Tech Spec Value Set" for specific codes).

Important Note: Please refer to the OCM Quality Measures Guide sections 2.1 and 3.3.1 for additional OCM-specific reporting requirements applicable to the OCM patient-based measure.

Description

Percentage of patients aged 18 years and older screened during the measurement period for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

Measure Scoring

Proportion

Measure Type

Process

Improvement Notation

Higher score indicates better quality

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Definitions

Screening:

Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

Standardized Depression Screening Tool: A normalized and validated depression screening tool developed for the patient population in which it is being utilized.

Examples of depression screening tools include but are not limited to:

- * Patient Health Questionnaire (PHQ-9)
- * Beck Depression Inventory (BDI or BDI-II)
- * Center for Epidemiologic Studies Depression Scale (CES-D)
- * Depression Scale (DEPS)
- * Duke Anxiety-Depression Scale (DADS)
- * Geriatric Depression Scale (GDS)
- * Cornell Scale for Depression in Dementia (CSDD)
- * PRIME MD-PHQ2
- * Hamilton Rating Scale for Depression (HAM-D)
- * Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- * Computerized Adaptive Testing Depression Inventory (CAT-DI)
- * Computerized Adaptive Diagnostic Screener (CAD-MDD)

Follow-Up Plan:

Documented follow-up for a positive depression screening must include one or more of the following:

- * Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen
- * Pharmacological interventions
- * Other interventions or follow-up for the diagnosis or treatment of depression

Guidance

This measure is to be reported once per measurement period for qualifying patients, not at all encounters; this is a patient-based measure and not an encounter-based measure. Depression screening is to be completed during the measurement period.

A depression screen is completed on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan must be documented on the date of the encounter, such as referral to a provider for additional evaluation, pharmacological interventions, or other interventions for the treatment of depression.

This measure does not require documentation of a specific score, just whether results of the normalized and validated depression screening tool used are considered positive or negative. Each standardized screening tool provides guidance on whether a particular score is considered positive for depression.

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The intent of the measure is to screen for depression in patients who have never had a diagnosis of depression or bipolar disorder prior to the eligible encounter used to evaluate the numerator. Patients who have ever been diagnosed with depression or bipolar disorder will be excluded from the measure.

Screening Tools:

- * An age-appropriate, standardized, and validated depression screening tool must be used for numerator compliance.
- * The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record
- * The depression screening must be reviewed and addressed by the provider, filing the code, on the date of the encounter. Positive pre-screening results indicating a patient is at high risk for self-harm should receive more urgent intervention as determined by the provider practice.
- * The screening should occur during a qualified encounter or up to 14 days prior to the date of the qualifying encounter

The measure assesses the most recent depression screening completed either during the eligible encounter or within the 14 days prior to that encounter. Therefore, a clinician would not be able to complete another screening at the time of the encounter to count towards a follow-up, because that would serve as the most recent screening. In order to satisfy the follow-up requirement for a patient screening positively, the eligible clinician would need to provide one of the aforementioned follow-up actions, which does not include use of a standardized depression screening tool.

Follow-Up Plan:

The follow-up plan must be related to a positive depression screening, for example: "Patient referred for psychiatric evaluation due to positive depression screening."

Examples of a follow-up plan include but are not limited to:

- * Referral to a provider or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression
- * Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options

Should a patient screen positive for depression, a clinician should:

- * Only order pharmacological intervention when appropriate and after sufficient diagnostic evaluation. However, for the purposes of this measure, additional screening and assessment during the qualifying encounter will not qualify as a follow-up plan.
- * Opt to complete a suicide risk assessment when appropriate and based on individual patient characteristics. However, for the purposes of this measure, a suicide risk assessment or additional screening using a standardized tool will not qualify as a follow-up plan.

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Initial Population

All patients aged 18 years and older on the date of the encounter with at least one eligible encounter during the measurement period

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	Qualifying provider encounter during the measurement period AND Age > = 18 years on the date of the qualifying provider encounter	<ul style="list-style-type: none"> Encounter Encounter Date Measurement Period Start Date Measurement Period End Date Birthdate 	<ul style="list-style-type: none"> OCM Encounter

Denominator

Equals Initial Population

Denominator Exclusions

Patients who have been diagnosed with depression or with bipolar disorder

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	Depression diagnosis before the qualifying provider encounter OR Bipolar disorder diagnosis before the qualifying provider encounter	<ul style="list-style-type: none"> Depression Diagnosis Depression Diagnosis Start Date Depression Diagnosis End Date Bipolar Disorder Diagnosis Bipolar Disorder Diagnosis Start Date Bipolar Disorder Diagnosis End Date Encounter Encounter Date 	<ul style="list-style-type: none"> Depression Diagnosis Bipolar Diagnosis

Numerator

Patients screened during the measurement period for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter

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Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	<p>One of the following options:</p> <p>1. Screening for depression during the measurement period</p> <p>AND</p> <p>Screening for depression 14 days or less before or on the day of the qualifying provider encounter</p> <p>AND</p> <p>Screening for depression has a result</p> <p>AND</p> <p>Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result is negative</p> <p>2. Screening for depression during the measurement period</p> <p>AND</p> <p>Screening for depression 14 days or less before or on the day of the qualifying provider encounter</p> <p>AND</p> <p>Screening for depression has a result</p> <p>AND</p> <p>Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result is positive</p> <p>AND</p> <p>Follow-up plan documented on the same day as the qualifying provider encounter</p>	<ul style="list-style-type: none"> Adult Depression Screening Adult Depression Screening Date Measurement Period Start Date Measurement Period End Date Adult Depression Screening Result Adult Depression Screening Result Date Encounter Encounter Date Referral For Adult Depression Referral For Adult Depression Date Order For Adult Depression Medications Order For Adult Depression Medications Date Follow-up For Adult Depression Follow-up For Adult Depression Date 	<ul style="list-style-type: none"> OCM Encounter Adult Depression Screening Negative Depression Screening Positive Depression Screening <p>And, if depression screening result is positive, one of the following follow-up plan options:</p> <ul style="list-style-type: none"> Referral for Adult Depression Adult Depression Medications Follow-up for Adult Depression

Denominator Exceptions

Patient Reason(s)

Patient refuses to participate

OR

Medical Reason(s)

Documentation of medical reason for not screening patient for depression (e.g. cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent

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or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status)

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	<p>Patient reason for not performing depression screening starts during the qualifying provider encounter</p> <p>OR</p> <p>Medical or other reason for not performing depression screening during the qualifying provider encounter</p>	<ul style="list-style-type: none"> • Patient Reason Refused • Patient Reason Refused Date • Medical Or Other Reason • Medical Or Other Reason Start Date • Medical Or Other Reason End Date • Encounter • Encounter Date • Adult Depression Screening 	<ul style="list-style-type: none"> • OCM Encounter • Patient Declined • Medical Reason • Adult Depression Screening

Numerator Exclusions

Not Applicable

Risk Adjustment

None

Rationale

Depression is a serious medical illness associated with higher rates of chronic disease, increased health care utilization, and impaired functioning (Pratt and Brody, 2014). Results from a 2016 U.S. survey indicated that 12.8 percent of adolescents (3.1 million adolescents) had a major depressive episode (MDE) in the past year, with nine percent of adolescents (2.2 million adolescents) having one MDE with severe impairment (Substance Abuse and Mental Health Services Administration, 2017). The odds of a diagnosis of depression is believed to be 2.6 times greater for children and adolescents exposed to trauma as compared to those unexposed or less exposed (Vibhakar et al., 2019). Children and teens with major depressive disorder (MDD) have been found to have difficulty carrying out their daily activities, relating to others, growing up healthy, and also are at an increased risk of suicide (Siu on behalf of the U.S. Preventive Services Task Force [USPSTF], 2016).

The same 2016 study indicated that 6.7 percent of adults aged 18 or older (16.2 million adults) had at least one MDE with four point three percent of adults (10.3 million adults) having one MDE with severe impairment in the past year (Substance Abuse and Mental Health Services Administration, 2017). Moreover, it is estimated 22.9 percent of adult patients with chronic pain (2.2 million adults) were diagnosed with comorbid depression from 2011 to 2015, with an upward trend of prevalence among Black Americans, patients aged 65 to 84 years old, Medicare and Medicaid insured patients, and patients from zip code areas with low annual household incomes (Orhurhu et al., 2020).

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Depression and other mood disorders, such as bipolar disorder and anxiety disorders, especially during the perinatal period, can have devastating effects on women, infants, and families (American College of Obstetricians and Gynecologists, 2018). It's estimated that the global prevalence of antenatal (or perinatal) depression ranges from 15 to 65 percent, with current or previous exposure to abuse and violence, lack of social support, and family history of mental disorders being risk factors. Depressive symptoms measured during pregnancy have been shown to influence the quality of the postpartum mother-infant relationship (Raine et al., 2020). Additionally, the risk of low birth weight and preterm birth is higher among infants born from depressed mothers (Dadi, Miller, Bisetegn, Mwanri, & 2020).

Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages. Data indicates that as the severity of depressive symptoms increase, rates of having difficulty with work, home, or social activities related to depressive symptoms increase. For those twelve and older with mild depressive symptoms, 45.7 percent reported difficulty with activities, and for those with severe depressive symptoms, 88 percent reported difficulty (Pratt & Brody, 2014). Depression also imposes significant economic burden through direct and indirect costs, supporting the need for regular depression screening. "In the United States, an estimated \$22.8 billion was spent on depression treatment in 2009, and lost productivity cost an additional estimated \$23 billion in 2011" (Siu & USPSTF, 2016, p. 383-384).

Numerous studies have found significant disparities in depression prevalence and treatment among racial/ethnic minorities. One study revealed that Indigenous adults are at a high risk for posttraumatic stress disorder, depression, suicide, substance use disorder, and concurrent behavioral health disorders secondary to these initial health problems (Ka'apu and Burnette, 2019). Additionally, though rates of depression are lower among Blacks and Hispanics than among whites, depression among Blacks and Hispanics is likely to be more recurrent. Furthermore, 48 percent of whites receive mental health services, compared to just 31 percent of Blacks and Hispanics, and 22 percent of Asians (American Psychiatric Association, 2017). Asian Americans and Black Americans are also significantly more likely to utilize emergency rooms for depression treatment, which contributes to inconsistent follow-up care (Lee, et al., 2014).

While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 46 percent of depressed patients (Borner et al, 2010). "In nationally representative U.S. surveys, about eight percent of adolescents reported having major depression in the past year. Only 36 percent to 44 percent of children and adolescents with depression receive treatment, suggesting that the majority of depressed youth are undiagnosed and untreated" (Siu on behalf of USPSTF, 2016, p. 360 & p. 364). Furthermore, evidence supports that screening for depression in pregnant and postpartum women is of moderate net benefit, and treatment options for positive depression screening should be available for patients twelve and older including pregnant and postpartum women.

This measure seeks to align with clinical guideline recommendations as well as the Healthy People 2020 recommendation for routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2014) and makes an important contribution to the quality domain of community and population health.

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Clinical Recommendation Statements

Adolescent Recommendation (12-18 years):

"The USPSTF recommends screening for MDD in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)" (Siu on behalf of USPSTF, 2016, p. 360).

Adult Recommendation (18 years and older):

"The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)" (Siu & USPSTF, 2016, p. 380).

"The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. (B recommendation)" (U.S. Preventive Services Task Force, 2019).

The Institute for Clinical Systems Improvement (ICSI) health care guideline, Adult Depression in Primary Care, provides the following recommendations:

1. "Clinicians should routinely screen all adults for depression using a standardized instrument."
 2. "Clinicians should establish and maintain follow-up with patients."
 3. "Clinicians should screen and monitor depression in pregnant and post-partum women."
- (Trangle et al., 2016, p. 8-10).

References

Reference Text: 'American College of Obstetricians and Gynecologists, Committee on Obstetric Practice. (2018). ACOG Committee Opinion Number 757: Screening for perinatal depression. Obstetrics and Gynecology, 132(5), e208-e212. doi: 10.1097/AOG.0000000000002927'

Reference Text: 'American Psychiatric Association. (2017). Mental Health Disparities: Diverse Populations. Retrieved from <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>'

Reference Text: 'Borner, I., Braunstein, J. W., St. Victor, R., & Pollack, J. (2010). Evaluation of a 2-question screening tool for detecting depression in adolescents in primary care. Clinical Pediatrics, 49(10), 947-995. doi:10.1177/0009922810370203'

Reference Text: 'Dadi, A. F., Miller, E. R., Bisetegn, T. A., & Mwanri, L. (2020). Global burden of antenatal depression and its association with adverse birth outcomes: an umbrella review. BMC public health, 20(1), 173. <https://doi.org/10.1186/s12889-020-8293-9>'

Reference Text: 'Hazell Raine, K., Nath, S., Howard, L. M., Cockshaw, W., Boyce, P., Sawyer, E., & Thorpe, K. (2020). Associations between prenatal maternal mental health indices and

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mother-infant relationship quality 6 to 18 months' postpartum: A systematic review. *Infant mental health journal*, 41(1), 24–39. <https://doi.org/10.1002/imhj.21825>

Reference Text: 'Ka'apu, K., & Burnette, C. E. (2019). A Culturally Informed Systematic Review of Mental Health Disparities Among Adult Indigenous Men and Women of the USA: What is known?. *British journal of social work*, 49(4), 880–898. <https://doi.org/10.1093/bjsw/bcz009>

Reference Text: 'Lee, S. Y., Xue, Q. L., Spira, A. P., & Lee, H. B. (2014). Racial and ethnic differences in depressive subtypes and access to mental health care in the United States. *Journal of affective disorders*, 155, 130–137. <https://doi.org/10.1016/j.jad.2013.10.037>

Reference Text: 'Orhurhu, V., Olusunmade, M., Akinola, Y., Urits, I., Orhurhu, M. S., Viswanath, O., ... Gill, J. S. (2019). Depression Trends in Patients with Chronic Pain: An Analysis of the Nationwide Inpatient Sample. *Pain physician*, 22(5), E487–E494.'

Reference Text: 'Pratt, L. A., & Brody, D. J. (2014). Depression in the U.S. household population, 2009-2012. NCHS Data Brief No. 172. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db172.pdf>

Reference Text: 'Siu, A. L., on behalf of USPSTF. (2016). Screening for depression in children and adolescents: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 164(5), 360-366. doi:10.7326/M15-2957'

Reference Text: 'Siu, A. L., & USPSTF. (2016). Screening for depression in adults: U.S. Preventive Services Task Force recommendation statement. *Journal of the American Medical Association*, 315(4), 380-387. doi:10.1001/jama.2015.18392.'

Reference Text: 'Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>

Reference Text: 'Trangle, M., Gursky, J., Haight, R., Hardwig, J., Hinnenkamp, T., Kessler, D.,... Myszkowski, M. (2016). Adult depression in primary care. Bloomington, MN: Institute for Clinical Systems Improvement. Retrieved from <https://www.icsi.org/guideline/depression/>

Reference Text: 'U.S. Department of Health and Human Services. (2014). Healthy People 2020: Mental health and mental disorders. Washington, DC: U.S. Department of Health and Human Services. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=28>

Reference Text: 'U.S. Preventive Services Task Force. (2019). Interventions to Prevent Perinatal Depression: US Preventive Services Task Force Recommendation Statement. *JAMA*, 321(6):580–587. doi:10.1001/jama.2019.0007'

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Reference Text: 'Vibhakar, V., Allen, L. R., Gee, B., & Meiser-Stedman, R. (2019). A systematic review and meta-analysis on the prevalence of depression in children and adolescents after exposure to trauma. *Journal of affective disorders*, 255, 77–89. <https://doi.org/10.1016/j.jad.2019.05.005>'

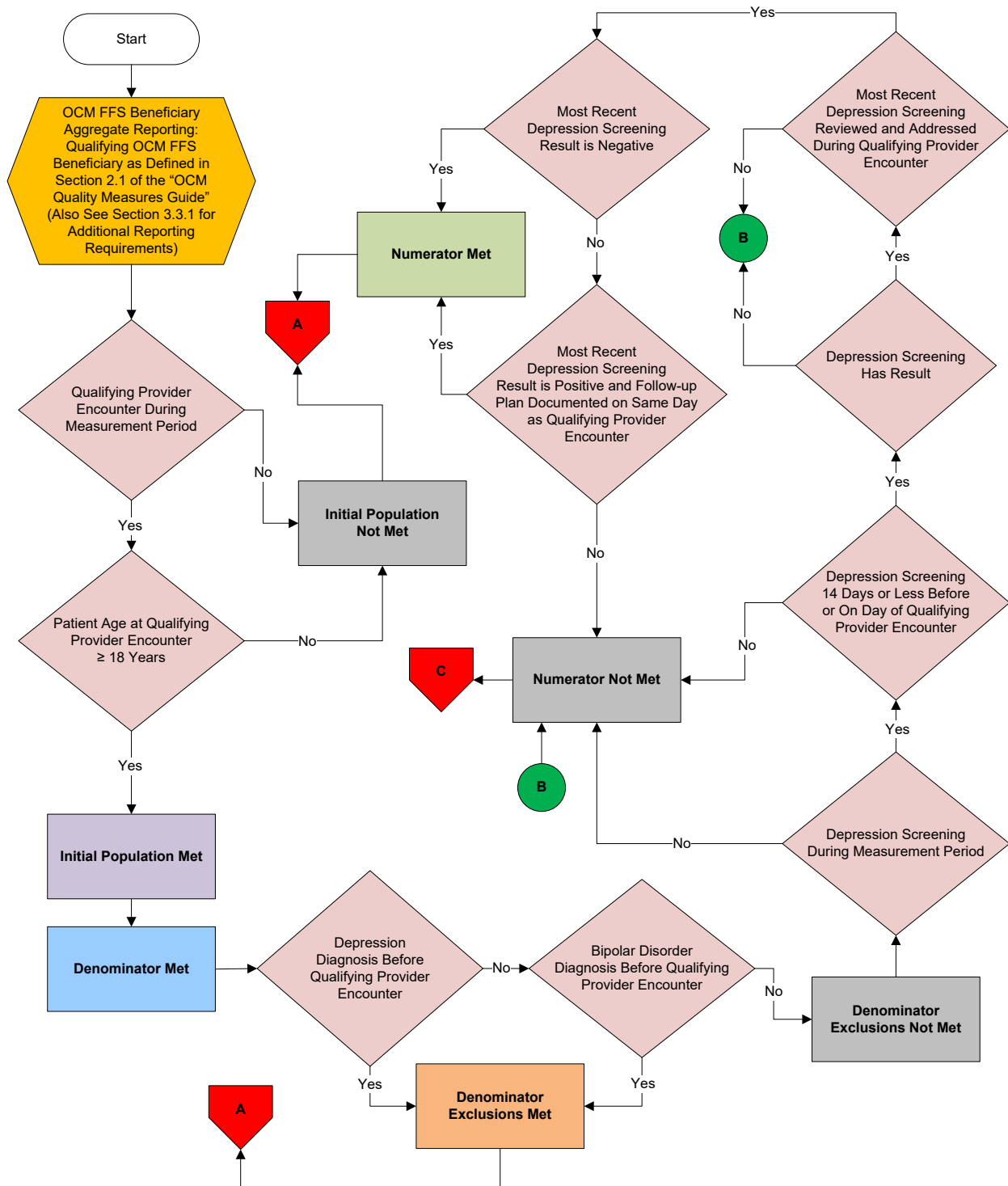
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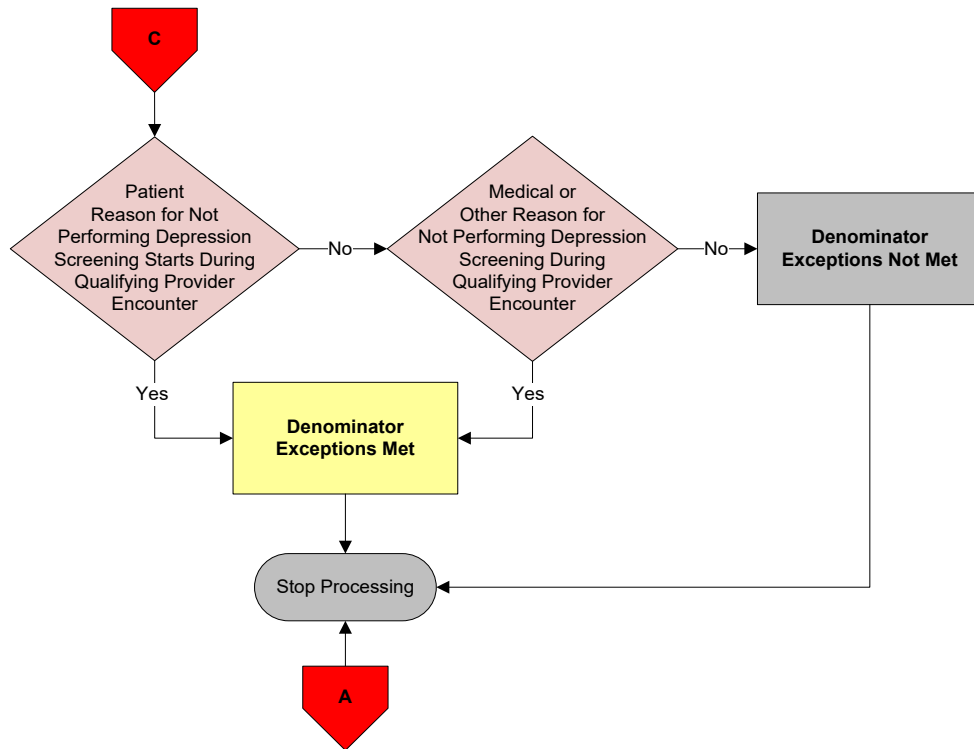
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Please refer to the OCM Measure Specification to identify the data elements and value set names to be used for reporting this measure.

1. For OCM FFS Beneficiary Aggregate Reporting:
 - a. If patient is a Qualifying OCM FFS Beneficiary as Defined in Section 2.1 of the “OCM Quality Measures Guide,” and meets the additional OCM-specific reporting requirements applicable to the OCM patient-based measure as described in Section 3.3.1, include the patient in aggregate results that are reported in the OCM Data Registry. Proceed to check Qualifying Provider Encounter.
 - b. If patient is not a Qualifying OCM FFS Beneficiary as Defined in Section 2.1 of the “OCM Quality Measures Guide,” stop processing. Patient does not qualify as an OCM FFS Beneficiary and should not be included in aggregate results that are reported to the OCM Data Registry.
2. Check Qualifying Provider Encounter:
 - a. If Qualifying Provider Encounter During Measurement Period equals No, do not include in Initial Population. Stop processing.
 - b. If Qualifying Provider Encounter During Measurement Period equals Yes, proceed to check Patient Age.
3. Check Patient Age:
 - a. If Patient Age at Qualifying Provider Encounter \geq 18 Years equals No, do not include in Initial Population. Stop processing.
 - b. If Patient Age at Qualifying Provider Encounter \geq 18 Years equals Yes, include in Initial Population and Denominator. Proceed to check Active Depression Diagnosis.
4. Check Depression Diagnosis:
 - a. If Depression Diagnosis Before Qualifying Provider Encounter equals Yes, include in Denominator Exclusions. Stop processing.
 - b. If Depression Diagnosis Before Qualifying Provider Encounter equals No, check Bipolar Disorder Diagnosis.
5. Check Bipolar Disorder Diagnosis:
 - a. If Bipolar Disorder Diagnosis Before Qualifying Provider Encounter equals Yes, include in Denominator Exclusions. Stop processing.

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- b. If Bipolar Disorder Diagnosis Before Qualifying Provider Encounter equals No, do not include in Denominator Exclusions. Proceed to check Depression Screening.
- 6. Check Depression Screening:
 - a. If Depression Screening During Measurement Period equals Yes, check Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter.
 - b. If Depression Screening During Measurement Period equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 7. Check Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter:
 - a. If Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter equals Yes, check Depression Screening Has Result.
 - b. If Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 8. Check Depression Screening Has Result:
 - a. If Depression Screening Has Result equals Yes, check Most Recent Depression Screening Reviewed and Addressed.
 - b. If Depression Screening Has Result equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 9. Check Most Recent Depression Screening Reviewed and Addressed:
 - a. If Most Recent Depression Screening Reviewed and Addressed During Qualifying Provider Encounter equals Yes, check Depression Screening Result is Negative.
 - b. If Most Recent Depression Screening Reviewed and Addressed During Qualifying Provider Encounter equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 10. Check Depression Screening Result is Negative:
 - a. If Most Recent Depression Screening Result is Negative equals Yes, include in Numerator. Stop processing.

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- b. If Most Recent Depression Screening Result is Negative equals No, check Depression Screening Result is Positive.
- 11. Check Depression Screening Result is Positive:
 - a. If Most Recent Depression Screening Result is Positive and Follow-up Plan Documented on Same Day of Positive Depression Screening equals Yes, include in Numerator. Stop processing.
 - b. If Most Recent Depression Screening Result is Positive and Follow-up Plan Documented on Same Date of Positive Depression Screening equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 12. Check Patient Reason for Not Performing Depression Screening:
 - a. If Patient Reason for Not Performing Depression Screening Starts During Qualifying Provider Encounter equals Yes, include in Denominator Exceptions. Stop processing.
 - b. If Patient Reason for Not Performing Depression Screening Starts During Qualifying Provider Encounter equals No, check Medical or Other Reason for Not Performing Depression Screening.
- 13. Check Medical or Other Reason for Not Performing Depression Screening:
 - a. If Medical or Other Reason for Not Performing Depression Screening During Qualifying Provider Encounter equals Yes, include in Denominator Exceptions. Stop processing.
 - b. If Medical or Other Reason for Not Performing Depression Screening During Qualifying Provider Encounter equals No, do not include in Denominator Exceptions. Stop processing.